

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						FILING DATE	
						SERIAL NO.	
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.							
TOTAL OFF.							
TOTAL							

APPLICANT(S)

TESTING DATE

## CLAIMS

[illegible]